

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | Application Number 10/718,077 | | Filing Date 20 November, 2003 | | <input type="checkbox"/> To be Mailed | | | | |
|--|----------|--------|--|--------|----------------------------------|--------|----------------------------------|-------|---------------------------------------|-------|-------------|-------|--------|
| | | | | | Applicant(s) DICKASON ET AL. | | | | | | Page 1 of 1 | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT 06/16/2009 | | AFTER SEC. AMENDMENT | | * | | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | 1 | | | | 51 | | | | | | |
| 2 | | | | 1 | | | 52 | | | | | | |
| 3 | | | | 1 | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
| 5 | | | | | | | 55 | | | | | | |
| 6 | | | | 1 | | | 56 | | | | | | |
| 7 | | | | 1 | | | 57 | | | | | | |
| 8 | | | | 1 | | | 58 | | | | | | |
| 9 | | | | 1 | | | 59 | | | | | | |
| 10 | | | | 1 | | | 60 | | | | | | |
| 11 | | | | 1 | | | 61 | | | | | | |
| 12 | | | | 1 | | | 62 | | | | | | |
| 13 | | | | 1 | | | 63 | | | | | | |
| 14 | | | | 1 | | | 64 | | | | | | |
| 15 | | | | 1 | | | 65 | | | | | | |
| 16 | | | | 1 | | | 66 | | | | | | |
| 17 | | | | 1 | | | 67 | | | | | | |
| 18 | | | | 1 | | | 68 | | | | | | |
| 19 | | | | 1 | | | 69 | | | | | | |
| 20 | | | | 1 | | | 70 | | | | | | |
| 21 | | | | 1 | | | 71 | | | | | | |
| 22 | | | | 3 | | | 72 | | | | | | |
| 23 | | | | 3 | | | 73 | | | | | | |
| 24 | | | | 3 | | | 74 | | | | | | |
| 25 | | | | 3 | | | 75 | | | | | | |
| 26 | | | | 3 | | | 76 | | | | | | |
| 27 | | | 1 | | | | 77 | | | | | | |
| 28 | | | | 1 | | | 78 | | | | | | |
| 29 | | | | 1 | | | 79 | | | | | | |
| 30 | | | | 1 | | | 80 | | | | | | |
| 31 | | | | 1 | | | 81 | | | | | | |
| 32 | | | | 1 | | | 82 | | | | | | |
| 33 | | | | 1 | | | 83 | | | | | | |
| 34 | | | | 1 | | | 84 | | | | | | |
| 35 | | | | 1 | | | 85 | | | | | | |
| 36 | | | | 1 | | | 86 | | | | | | |
| 37 | | | | 1 | | | 87 | | | | | | |
| 38 | | | | 1 | | | 88 | | | | | | |
| 39 | | | | 1 | | | 89 | | | | | | |
| 40 | | | | 1 | | | 90 | | | | | | |
| 41 | | | | 1 | | | 91 | | | | | | |
| 42 | | | | 1 | | | 92 | | | | | | |
| 43 | | | | 1 | | | 93 | | | | | | |
| 44 | | | | 1 | | | 94 | | | | | | |
| 45 | | | | 1 | | | 95 | | | | | | |
| 46 | | | | 1 | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | | | 2 | | | | Total Indep | | | | | | |
| Total Depend | | | | 52 | | | Total Depend | | | | | | |
| Total Claims | | | 54 | | | | Total Claims | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Part of Paper No20090806-1.